

## FOSTER HOME / TREATMENT FOSTER HOME LICENSURE NOTIFICATION

**Use of form:** Foster home / treatment foster home licensing agencies are required to notify school districts when a foster home / treatment foster home is licensed pursuant to s. 48.62(3), Stats. Use of this form is voluntary; however, the information must be provided.

DATE: \_\_\_\_\_

TO: Clerk, \_\_\_\_\_ School District  
Name - School District

FROM: \_\_\_\_\_  
Name - Licensing Agency Representative  
\_\_\_\_\_  
Title  
\_\_\_\_\_  
Name - Licensing Agency

RE: Licensure of a Foster Home / Treatment Foster Home in the School District

This is to alert you, pursuant to s. 48.62(3), Stats., that the above named agency has licensed a foster home / treatment foster home in your school district. The foster home / treatment foster home has been licensed for the period of \_\_\_\_\_ through \_\_\_\_\_. This foster home / treatment foster home has been  
mm/dd/yyyy mm/dd/yyyy  
licensed to provide care and maintenance for up to \_\_\_\_\_ children, ages \_\_\_\_\_ through \_\_\_\_\_.

The name(s) of the foster parent(s) / treatment foster parent(s) is / are

\_\_\_\_\_ and he /

she / they reside at \_\_\_\_\_  
Street, City, State, Zip Code

Contact me at the agency address / telephone number listed below if you have questions regarding this notification.

\_\_\_\_\_  
Agency - Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

Copy: Foster Parent(s) / Treatment Foster Parent(s)

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